

## ISSUE SLIP STAPLE AREA (for additional cross references)

| PCSTN                            | INITIALS  | ID NO.      | DATE               |
|----------------------------------|-----------|-------------|--------------------|
| <b>FEES DETERMINATION</b>        | BN        |             | 4-3-01             |
| <b>O.I.P.E. CLASSIFIER</b>       |           | 59          | 4301               |
| <b>FORMALITY REVIEW</b>          | KQ        | JCS/705     | 05/08/01           |
| <b>RESPONSE FORMALITY REVIEW</b> | RB<br>116 | 10MG<br>907 | 09/09/01<br>9/2001 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date    |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

JCS-6117  
9-9-01-01

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